

T4: 12-Month Postpartum Telephone Interview

SUBJECT ID LABEL

USE SAME SPECS AS 3-mo or 6-mo unless highlighted in blue as different, or yellow.

DATE INTERVIEW COMPLETED: |__|_|-|__|_|-|__|_|_|_|
 MONTH DAY YEAR

FINAL RESULT CODE:

Completed	02
Partially Completed, Final.....	03
Unable to Locate Subject, Final	92
Subject Unavailable, Final*	93*
Other Final Outcome*	94*
Subject Discontinued from Study*	97*
Subject Refused*	99*

* MUST Specify Reason: _____

BEST DATES/TIME FOR ANY SUBSEQUENT TELEPHONE INTERVIEW:

☐ Entered final result code, date, best time for any subsequent interview, and updated contact information into DMS.

□₁ Entered final result code, date, best time for any subsequent interview, and updated contact information into DMS.

TIME INTERVIEW BEGAN: |__|__| : |__|__| am / pm

DATE OF 12-MONTH FOLLOWUP INTERVIEW: |__|__| - |__|__| - |__|__|__|__|
MO DAY YEAR

SECTION A. DEMOGRAPHIC FOLLOW-UP

In order for the survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the blue answer cards that you were given to help you answer some of the questions. I will be referring to them as we go. If you have any questions, please let me know. If not, we can start.

1a. Is (NAME OF BABY) living with you now?

YES 1 → SKIP TO Q.2

NO 2

1b. Where is (he/she) living now?

BABY'S FATHER 1

MATERNAL GRANDPARENT(S) 2

PATERNAL GRANDPARENT(S) 3

OTHER RELATIVES 4

FOSTER CARE 5

OTHER 6

1c. SPECIFY _____

1d. How long do you expect (him/her) to be living there? Would you say . . .

less than 1 week 1

1-3 weeks 2

4-8 weeks, that is, 1-2 months, or 3

8 weeks or more, that is, more than 2 months 4

NOT SURE -8

1e. INTERVIEWER: PROVIDE ADDITIONAL DETAILS REGARDING BABY'S LIVING SITUATION AS APPROPRIATE.

2. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF "YES," PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME..... 1 → SKIP TO Q.3

YES, PARTTIME..... 2 → SKIP TO Q.3

NO 3

- 2a. Are you currently on maternity leave?

YES, 1

NO..... 2

3. Are you currently enrolled in school?

YES 1

NO 2

4. Last time when we spoke on (DATE OF 6 MONTH INTERVIEW), you were living at (GIVE HOME ADDRESS), have you moved since then?

YES 1 → COLLECT NEW CONTACT INFORMATION
AND UPDATE CONTACT BOOKLET & ADD
ZIP CODE INFORMATION TO FINAL FILE

NO 2 → SKIP TO Q. 5

- 4a. Do you currently...

Own your own home, 1

Rent your home, 2

Live with someone else who owns the home, 3

Live with someone else who rents the home, or..... 4

Have some other arrangement? 5

4b. SPECIFY _____

5. Including yourself, how many people currently live in your household? |_|_|_|

- | 6. Does anyone in your household currently receive: | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Food Stamps?..... | 1 | 2 |
| b. Medicaid?..... | 1 | 2 |
| c. WIC (Women, Infants, and Children)?..... | 1 | 2 |
| d. Commodity Supplemental Food Program?..... | 1 | 2 |
| e. Public assistance/TANF?..... | 1 | 2 |

NEW QUESTIONS Starting at A7.

7. Outside of your participation in this project, have you received any of the following services in the last 12 months?

	<u>YES</u>	<u>NO</u>
a. Home visiting services?.....	1	2
b. Smoking cessation program?.....	1	2
c. Alcohol or drug treatment? (e.g., for substance abuse, addiction, methadone treatment)	1	2
d. Parenting classes?.....	1	2
e. Other (describe below)?	1	2
f. SPECIFY: _____	100 characters	

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

8. Are you currently covered by any kind of health insurance or some other kind of health care plan?

YES..... 1
 NO..... 2 → SKIP TO 10
 DON'T KNOW -8

9. Since your delivery, was there any time when you were not covered by any kind of health insurance or some other kind of health care plan?

YES..... 1
 NO..... 2 → SKIP TO 11
 DON'T KNOW -8 → SKIP TO 10

9a. How many weeks or months were you without coverage since your delivery?

|_|_| weeks 0-75 OR |_|_| months 0-15mo

(SKIP TO Q11)

10. Since your delivery, was there any time when you were covered by any kind of health insurance or some other kind of health care plan?

Yes 1
 No 2 → SKIP TO 11
 Don't know -8 → SKIP TO 11

10a. How many weeks or months did you have coverage for yourself since you delivered?

|_|_| weeks 0-75 OR |_|_| months 0-15mo

11. Is [NAME OF BABY] currently covered by any kind of health insurance or some other kind of health care plan?

Yes 1
 No 2 → SKIP TO Q. 13

Don't know -8

12. Since your delivery, was there any time when your baby was not covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO SECTION B

Don't know -8 → SKIP TO Q. 13

- 12a. How many weeks or months was she/he without coverage since your delivery?

|_|_| weeks **0-75** OR |_|_| months **0-15mo**

(SKIP TO SECTION B)

13. Since your delivery, was there any time when [NAME OF BABY] was covered by any kind of health insurance or some other kind of health care plan?

Yes 1

No 2 → SKIP TO SECTION B

Don't know -8 → SKIP TO SECTION B

- 13a. How many weeks or months did you have coverage for your baby since you delivered?

|_|_| weeks **0-75** OR |_|_| months **0-15mo**

SECTION B: INFANT HEALTH

1. Since our last interview on (DATE OF 6 MONTH INTERVIEW) would you say your baby's health has been...

Poor, 1

Fair, 2

Good, or 3

Excellent? 4

1a. Does (NAME OF BABY) have a regular pediatrician or usual source of health care?

Yes 1

No 2

1b. Since (DATE OF 6 MONTH INTERVIEW), did any doctors or health care providers (other than the counselor you meet with as part of this project) ever

	<u>NO</u>	<u>YES</u>
(1) Ask if you or anyone else has smoked cigarettes in your home or around your new baby?	0	1
(2) Encourage you not to smoke around your baby?	0	1
(3) Recommend that you quit smoking?	0	1
(4) Talk to you about how to protect your child from injuries?	0	1
(5) Talk to you about how to make your home safe?	0	1
(6) Encourage you to supervise and watch your child at different ages?	0	1
(7) Tell you that they were carrying out what doctors call a developmental assessment of your child?	0	1
(8) Have your child pick up small objects, stack blocks, throw a ball, or recognize different colors?	0	1

2. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) been to see a doctor or other medical personnel for a routine well-baby checkup or immunizations? (A well-baby checkup is a regular health visit for your baby with a pediatrician or family doctor.)

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO Q.3

2a. How many times? |____|____|

2b. Where did you take (NAME OF BABY)?

DOCTOR NAME/LOCATION: _____

DOCTOR NAME/LOCATION: _____

DOCTOR NAME/LOCATION: _____

2c. Did (he/she) receive any shots during this (these visits)?

YES 1

NO 2 → SKIP TO Q.3

NOT SURE/CAN'T REMEMBER..... -8 → SKIP TO Q.3

2d. What were the shots during this (these visits) for? (CIRCLE ALL THAT APPLY)

APPLICABLE FOR ALL POSTPARTUM INTERVIEWS:

HEPATITIS B VACCINE (HEPB)1

ROTAVIRUS VACCINE (ROTA).....2

DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS
VACCINE (DTAP).....3

HAEMOPHILUS INFLUENZAE TYPE B CONJUGATE VACCINE (HIB).....4

PNEUMOCOCCAL CONJUGATE VACCINE (PCV).5

APPLICABLE FOR 6 AND 12-MONTH INTERVIEWS:

INFLUENZA VACCINE OR TRIVALENT INACTIVATED
INFLUENZA VACCINE (TIV)6

APPLICABLE FOR 12-MONTH INTERVIEW ONLY:

MEASLES, MUMPS, AND RUBELLA VACCINE (MMR).7

VARICELLA VACCINE8

HEPATITIS A VACCINE (HEPA).....9

OTHER: SPECIFY.....10

SPECIFY.....11

SPECIFY.....12

BABY GOT WHATEVER THEY GIVE.....13

DON'T KNOW/NOT SURE 14

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		IF YES: 3a. About how many times has this happened?
(1) An ear infection?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(2) Fever?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(3) Bronchitis or bronchiolitis?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(4) Pneumonia?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(5) Coughing, wheezing, rattling in the chest or other breathing difficulties?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(6) Any other respiratory problems such as a cough, cold, or runny nose?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(7) Spitting up or reflux?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3
(8) Vomiting?	YES 1→ NO 2 NOT SURE.....-8	____|____| times IF DK: 3b. Would you say... 1 time only,.....1 2 -3 times, or.....2 4 times or more?.....3

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		<u>IF YES:</u> 3a. About how many times has this happened?
(9) Diarrhea?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(10) Constipation?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(11) Allergies to food, milk, or formula, etc.?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(12) Any other type of feeding or digestion problems?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(13) The skin condition called "eczema"?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(14) Any other type of rash, including diaper rash?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(15) Colic? (Irritability, inconsolable crying, and screaming accompanied by clenched fists, drawn-up legs, and a red face for at least 3 hours per day, at least 3 days per week, and at least 3 weeks.)	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(16) Anemia or low iron?	YES 1→ NO 2 NOT SURE .....-8	____|____| times <u>IF DK:</u> 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

3. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) experienced any of the following health problems...		IF YES: 3a. About how many times has this happened?
(17) Problems sleeping?	YES 1→ NO 2 NOT SURE .....-8	____|____| times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(18) Immunization reactions	YES 1→ NO 2 NOT SURE .....-8	____|____| times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(19) Any other health problems?	YES 1→ NO 2 NOT SURE .....-8 3c. SPECIFY _____ _____ _____	____|____| times IF DK: 3b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

4. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how many injuries has (NAME OF BABY) had that...		
(1) were <u>minor</u> (i.e., no treatment was needed or only minor treatment, like a bandaid was needed)?	a. ____|____| INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(2) required <u>you to give treatment</u> (e.g., you needed to apply an ice pack or clean a wound) such as a burn, scrape or fall?	a. ____|____| INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(3) required <u>a doctor's attention</u> (e.g., a trip to the doctor's office, or hospital emergency room)?	a. ____|____| INJURIES	IF DK: b. Would you say... 1 time only, 1 2 -3 times, or 2 4 times or more? 3

5. I will now read to you a list of different types of injuries and accidents children and babies often have. Please tell me if (NAME OF BABY) has had any of the following types of accidents or injuries since our last interview on (DATE OF 6 MONTH INTERVIEW),

Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) had ...		<u>IF YES:</u> 5a. About how many times has this happened?
(1) A motor vehicle accident - as a passenger or pedestrian? (e.g., where you baby was in a car accident or was struck by a car while being walked)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(2) A water-related accident? (e.g., where the baby slipped under the water while in the tub, was face down in water, inhaled water, fell in water)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(3) A burn – either from hot liquids, food, fire, or hot objects? (e.g., the baby was burned on the stove, by a heater, scalding hot water, a cigarette)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(4) A fall - from heights (e.g., off the couch, a bed, out of your arms, down stairs) or from a moving object? (e.g., out of the baby carriage or swing chair)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(5) A cut or scrape of any kind? (e.g., a scrape on the rug, gash in the head, cut or puncture from a sharp object)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(6) A crushing injury? (e.g., hand slammed in door, stepped on foot, another child fell on)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(7) An electrical injury? (e.g., fingers in electric outlet, touched a frayed electrical wire and got an electric shock)	YES 1→ NO 2 NOT SURE -8	____|____| times <u>IF DK:</u> 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3

Since our last interview on (DATE OF 6 MONTH INTERVIEW), has (NAME OF BABY) had ...		IF YES: 5a. About how many times has this happened?
(8) An accidental poisoning from having eaten or ingested any poisonous chemicals, drugs, foods, plants, etc.?	YES 1→ NO 2 NOT SURE -8	____|____| times IF DK: 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(9) A choking or suffocation type of injury? (e.g., where the baby could not breathe, turned blue)	YES 1→ NO 2 NOT SURE -8	____|____| times IF DK: 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(10) Any other type of injury?	YES 1→ NO 2 NOT SURE -8 5c. SPECIFY _____ _____ _____	____|____| times IF DK: 5b. Would you say... 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3

6. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have you ever taken (NAME OF BABY) to see a doctor or other medical personnel because of any illnesses or injuries, not including a regular well-baby visit? Please do not include any visits to the emergency room or an overnight hospital stay. I will ask about ER visits or hospital admissions in a few minutes.

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO Q.7

- 6a. How many different times have did you taken (NAME OF BABY) to see the doctor or other medical personnel because of an illness or injury?

____|____| TIMES

- 6b. Where did you take the baby?

CLINIC OR DOCTOR NAME & LOCATION: _____

CLINIC OR DOCTOR NAME & LOCATION: _____

CLINIC OR DOCTOR NAME & LOCATION: _____

7. Since you brought (NAME OF BABY) home from the hospital have you ever taken (him/her) to an emergency room for any illness or injury?

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO Q.8

- 7a. How many different times did you take (NAME OF BABY) to the ER?

|____|____| TIMES

- 7b. To which hospital emergency room(s) did you take the baby?

HOSPITAL ER NAME & LOCATION: _____

HOSPITAL ER NAME & LOCATION: _____

HOSPITAL ER NAME & LOCATION: _____

8. Since you brought (NAME OF BABY) home from the hospital, has he/she been admitted at a hospital as an overnight patient for any illness or injury?

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO SECTION C

- 8a. How many different times has (he/she) been admitted as an overnight patient at a hospital for any illness or injury?

|____|____| TIMES

- 8b. How many nights all together did (he/she) stay in the hospital?

|____|____| NUMBER OF NIGHTS HOSPITALIZED

- 8c. To which hospital(s) did you take the baby?

HOSPITAL NAME & LOCATION: _____

HOSPITAL NAME & LOCATION: _____

HOSPITAL NAME & LOCATION: _____

SECTION C: INFANT CARE PRACTICES AND TEMPERMENT SAME AS Section C in 6mo, except Blue text)

Now, I would like to ask you some questions about (NAME OF BABY)'s feeding and sleeping habits.

1. Have you breastfed or pumped breast milk to feed your new baby since our last interview on (DATE OF 6-MONTH INTERVIEW)?

YES..... 1

NO..... 2 → **SKIP TO Q.3**

2. Are you still breastfeeding or feeding pumped milk to your new baby?

YES..... 1

NO..... 2

- 2a. Since our last interview (DATE OF 6-MONTH INTERVIEW), how many days, weeks or months did you breastfeed or pump milk to feed your baby?

____|____| DAYS ____|____| WEEKS ____|____| MONTHS

-7 ☐ EVERY DAY/THE ENTIRE TIME SINCE 6-MONTH INTERVIEW

OMITTED Q3. Thus, Q4 is now Q3 and so on.

3. How old was your baby the first time you fed him or her anything besides breast milk? Include infant formula, water, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

____|____| DAYS (0-465) ____|____| WEEKS (0-60) ____|____| MONTHS (0-15mo)

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING BESIDES BREAST MILK → **SKIP TO Q. 4**

- 3a. How old was your baby the first time you fed him or her anything with a spoon (e.g., rice, cereal, baby fruit, baby food)?

____|____| DAYS (0-465) ____|____| WEEKS (0-60) ____|____| MONTHS (0-15mo)

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING WITH A SPOON

- 3b. How old was your baby the first time you fed him or her any solid foods (e.g., hot dog, peanuts, meat, apples unstrained)?

____|____| DAYS (0-465) ____|____| WEEKS (0-60) ____|____| MONTHS (0-15mo)

-7 ☐ I HAVE NOT YET FED MY BABY ANY SOLID FOODS

Q4 was Q6. Must renumber these too.

4. How much does your baby cry and fuss in general? Using a scale from “1” to “7,” where ‘1’ is very little, that is much less than the average baby, “4” is average amount, that is about as much as the average baby, and “7” is a lot, that is much more than the average baby, how much does your baby cry and fuss in general?

1	2	3	4	5	6	7
very little; much less than the average baby			average amount; about as much as the average baby			a lot; much more than the average baby

5. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time? Would you say . . .

1	2	3	4	5	6	7
Never	1-2 times per day	3-4 times per day	5-6 times per day	7-9 times per day	10-14 times per day	more than 15 times per day

6. When your baby gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss? Using a scale from “1” to “7,” where ‘1’ is very mild intensity or loudness, “4” is moderate intensity or loudness and “7” is very loud or intense, really cuts loose, how vigorously or loudly does he/she cry and fuss when he/she get upsets?

1	2	3	4	5	6	7
very mild intensity or loudness			moderate intensity or loudness			very loud or intense, really cuts loose

7. Using a scale from “1” to “7,” where ‘1’ is very easy, “4” is about average, and “7” is very difficult, how easy or difficult is it for you to calm or soothe your baby when he/she is upset?

1	2	3	4	5	6	7
Very easy			About average			Very difficult

8. How changeable is your baby’s mood? Using a scale from “1” to “7,” where ‘1’ is changes seldom and changes slowly when he/she does change, “4” is about average, and “7” is changes often and rapidly, how changeable is your baby’s mood?

1	2	3	4	5	6	7
changes seldom, and changes slowly when he/she does change			about average			changes often and rapidly

9. Please rate the overall degree of difficulty your baby would present for the average mother. Using a scale from “1” to “7,” where ‘1’ is super easy, “4” is ordinary, some problems, and “7” is highly difficult to deal with, how would you rate the overall difficulty your baby would present for the average mother?

1	2	3	4	5	6	7
super easy			ordinary, some problems			highly difficult to deal with

10. During the past week, how often did you do each of the following with your baby? Please rate how often you did each of the following using **CARD A**. Your first reaction to each question should be your answer.

Hardly ever or <u>never</u>	1-2 times <u>a week</u>	3-5 times <u>a week</u>	Every or almost <u>every day</u>	2 or more times <u>a day</u>
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- a. Talked to your baby while you were feeding or changing his/her diaper? 1 2 3 4 5
- b. Read a book out loud to your baby 1 2 3 4 5
- c. Played games like peek-a-boo and back and forth games with your baby? 1 2 3 4 5
- d. Had special cuddle times with your baby? 1 2 3 4 5
- e. Took your baby outside for walks? 1 2 3 4 5
- f. Massaged your baby's hands, legs, body? 1 2 3 4 5
- g. Encouraged your baby to copy what you do? 1 2 3 4 5
- h. Helped your baby to learn a new skill (e.g., reach and grasp something, eat with a spoon, say a new word, stand or walk)? 1 2 3 4 5
11. How much does your baby enjoy playing little games with you? Using a scale from "1" to "7," where "1" is a great deal, really loves it, "4" is about average, and "7" is very little, doesn't like it very much, with, how much does your baby enjoy playing little games with you?

1	2	3	4	5	6	7
a great deal, really loves it			about average			very little, doesn't like it very much

12. How much does your baby want to be held? Using a scale from "1" to "7," where "1" is wants to be free most of the time, "4" is sometimes wants to be held, sometimes not, and "7" is a great deal, wants to be held almost all of the time, how much does your baby want to be held?

1	2	3	4	5	6	7
wants to be free most of the time			sometimes wants to be held, sometimes not			a great deal-- wants to be held almost all the time

THIS question 13 is new.

13. Next, I will read you some statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that may be a problem. Please do your best to answer every question. For each statement, please tell me which answer best describes your child's behavior in the LAST MONTH. (NOTE TO INTERVIEWER: ANSWER ALL QUESTIONS. ONLY 2 ITEMS CAN = - 7)

	Not True/ <u>Rarely</u>	Somewhat True/ <u>Sometime</u>	Very True/ <u>Often</u>	NO CONTACT WITH OTHER <u>CHILDREN</u>
a. Shows pleasure when s/he succeeds (For example, claps for self). ....0		1	2	
b. Gets hurt so often that you can't take your eyes off him/her.....0		1	2	
c. Seems nervous, tense or fearful.....0		1	2	
d. Is restless and can't sit still.....0		1	2	
e. Follows rules. ....0		1	2	
f. Wakes up at night and needs help to fall asleep again ..0		1	2	
g. Cries or tantrums until s/he is exhausted.....0		1	2	
h. Is afraid of certain places, animals or things. ....0 What is s/he afraid of?: <u>50 characters</u>		1	2	
i. Has less fun than other children .....0		1	2	
j. Looks for you (or other parent) when upset.....0		1	2	
k. Cries or hangs onto you when you try to leave .....0		1	2	
l. Worries a lot or is very serious.....0		1	2	
m. Looks right at you when you say his/her name. ....0		1	2	
n. Does not react when hurt.....0		1	2	
o. Is affectionate with loved ones.....0		1	2	
p. Won't touch some objects because of how they feel ....0		1	2	
q. Has trouble falling asleep or staying asleep. ....0		1	2	
r. Runs away in public places. ....0		1	2	
s. Plays well with other children (not including brother ..0 or sister). (Circle -7 if there is no contact with other children)		1	2	-7
t. Can pay attention for a long time. (Other than when watching TV).....0		1	2	
u. Has trouble adjusting to changes.....0		1	2	
v. Tries to help when someone is hurt (for example, gives a toy). ....0		1	2	
w. Often gets very upset.....0		1	2	

	Not True/ Rarely	Somewhat True/ Sometime	Very True/ Often	NO CONTACT WITH OTHER CHILDREN
x. Gags or chokes on food.....0	0	1	2	
y. Imitates playful sounds when you ask him/her to. ....0	0	1	2	
z. Refuses to eat. ....0	0	1	2	
aa. Hits, shoves, kicks, or bites children (not including brother or sister). <i>(Circle -7 if there is no contact with other children)</i>.....0	0	1	2	-7
bb. Is destructive. Breaks or ruins things on purpose.....0	0	1	2	
cc. Points to show you something far away.....0	0	1	2	
dd. Hits, bites or kicks you (or other parent).....0	0	1	2	
ee. Hugs or feeds dolls or stuffed animals .....0	0	1	2	
ff. Seems very unhappy, sad, depressed or withdrawn. ....0	0	1	2	
gg. Purposely tries to hurt you (or other parent). ....0	0	1	2	
hh. When upset, gets very still, freezes or doesn't move ....0	0	1	2	

14. The following statements describe feelings and behaviors that can be problems for young children. Some of the statements may be a bit hard to understand, especially if you have not seen these behaviors in your child. Please do your best to respond with the answer that best fits your child in the LAST MONTH.

	Not True/ Rarely	Somewhat True/ Sometime	Very True/ Often
a. Puts things in a special order, over and gets upset if s/he is interrupted.....0	0	1	2
b. Repeats the same action or phrase, over and over without .....0 enjoyment. <i>Please give an example:</i> 50 characters	0	1	2
c. Repeats a particular movement, over and over (like rocking, .....0 spinning). <i>Please give an example:</i> 50 characters	0	1	2
d. "Spaces out." Is totally unaware of what is happening around him/her .....0	0	1	2
e. Does not make eye contact.....0	0	1	2
f. Avoids physical contact. ....0	0	1	2
g. Hurts self on purpose. (For example, bangs his or her head).....0 <i>Please describe:</i> 50 characters	0	1	2
h. Eats or drinks things that are not edible, like paper or paint. ....0 <i>Please describe:</i> 50 characters	0	1	2

15. How worried are you about your child's ...	Not at all <u>Worried</u>	A Little <u>Worried</u>	<u>Worried</u>	Very <u>Worried</u>
a. Behavior, emotions, or relationships?	1	2	3	4
b. Language development?.....	1	2	3	4

NOTE TO INTERVIEWER: PUT AN ID LABEL ON THE LAST THREE PAGES (QUESTIONS 13, 14, AND 15) AND FAX OVER TO THE APPROPRIATE RA WHEN DONE

SECTION D. PARENT-CHILD RELATIONSHIP, ATTITUDES, & BEHAVIORS SAME AS Section D,

except Blue text)

1. Now, I have some questions about how you have been feeling about your new baby and being a mother since our last interview on (DATE OF 6 MONTH INTERVIEW). Please rate the extent to which you agree or disagree with the following statements using **CARD B**. Your first reaction to each question should be your answer.

	<u>Strongly Agree</u>	<u>Somewhat Agree</u>	<u>Not Sure</u>	<u>Somewhat Disagree</u>	<u>Strongly Disagree</u>
a. I have had doubtful feelings about my ability to handle being a parent. Do you...	1	2	3	4	5
b. Being a parent is harder than I thought it would be. Do you.....	1	2	3	4	5
c. I feel capable and on top of things when I am caring for my child.....	1	2	3	4	5
d. I can't make decisions without help.....	1	2	3	4	5
e. I have had many more problems raising children than I expected	1	2	3	4	5
f. I enjoy being a parent. Do you.....	1	2	3	4	5
g. I feel that I am successful most of the time when I try to get my child to do or not do something	1	2	3	4	5
h. I find that I am not able to take care of this child as well as I thought I could. I need help.....	1	2	3	4	5
i. I often have the feeling that I cannot handle things very well	1	2	3	4	5

2. When I think about myself as a parent, I believe...

I can handle anything that happens,	1
I can handle most things pretty well,	2
Sometimes I have doubts, but I find I handle most things without any problems,	3
I have some doubts about being able to handle things, or.....	4
I don't think I handle things very well at all.	5

3. I feel that I am...
- A very good parent, 1
 - A better than average parent, 2
 - An average parent, 3
 - A person who has some trouble being a parent, or 4
 - Not very good at being a parent. 5

4. How easy is it for you to understand what your baby wants and needs? Would you say . . .
- Very easy, 1
- Somewhat easy, 2
- Somewhat difficult, 3
- Very hard, or 4
- You usually cannot figure out what the problem is? 5
5. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship?
- YES 1
- NO 2 → SKIP TO Q. 12
6. How long have you been together with your current partner (in years, months, weeks or days)?
- |_|_| YEARS |_|_| MONTHS |_|_| WEEKS |_|_| DAYS
7. Do you currently live with your partner?
- YES 1 → SKIP TO Q. 8
- NO 2
- 7a. How much time do you and your current partner spend together each week? Would you say...
- Less than one day a week 1
- About one day a week 2
- About two days a week 3
- Three or four days a week 4
- Five or six days a week 5
- Every day or almost every day 6
8. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how supportive of you has your current partner been? Would you say . . .
- Not at all supportive, 1
- Not very supportive, 2
- Somewhat supportive, 3
- Very supportive, or 4
- Extremely supportive? 5

9. On average, during the past month, how often has your partner spent time with (NAME OF BABY)? Would you say...
- Every day or almost every day, 1
 - 3-4 times per week, 2
 - 1-2 times per week, 3
 - 1-3 times per month, or 4
 - Not at all? 5
10. Do you feel that your current partner is a...
- A very good parent, 1
 - A better than average parent, 2
 - An average parent, 3
 - A person who has some trouble being a parent, or 4
 - Not very good at being a parent. 5
11. Is your current partner the father of this baby?
- YES 1 → SKIP TO Q.16
 - NO..... 2
 - NOT SURE, DON'T KNOW -8 → SKIP TO Q.16
12. Do you currently live with the father of your baby?
- YES 1 → SKIP TO Q. 13
 - NO..... 2
- 12a. How much time do you and the father of your baby spend together each week? Would you say...
- Less than one day a week 1
 - About one day a week..... 2
 - About two days a week..... 3
 - Three or four days a week 4
 - Five or six days a week..... 5
 - Every day or almost every day 6
13. Since (DATE OF 6 MONTH INTERVIEW), how supportive of you has your baby's father been? Would you say . . .
- Not at all supportive, 1
 - Not very supportive, 2
 - Somewhat supportive,..... 3
 - Very supportive, or 4
 - Extremely supportive? 5

14. On average, during the past month, how often has the father of your baby spent time with (NAME OF BABY)? Would you say . . .
- Every day or almost every day,..... 1
- 3-4 times per week, 2
- 1-2 times per week, 3
- 1-3 times per month, or 4
- Not at all?..... 5
15. Do you feel that the father of your baby is a . . .
- A very good parent, 1
- A better than average parent, 2
- An average parent, 3
- A person who has some trouble being a parent, or 4
- Not very good at being a parent. 5
16. Altogether, with how many partners have you had a romantic or sexual relationship since our last interview on (DATE OF 6 MONTH INTERVIEW)? Please include your current partner and/or the father of your baby.

|_|_| TOTAL # OF PARTNERS

SECTION E. TOBACCO USE, ATTITUDES, BELIEFS, BEHAVIORS SAME AS Section E in 6mo, except Blue text.)

Now I'd like to ask you about your cigarette smoking habits since our last interview on (DATE OF 6 MONTH INTERVIEW). When I ask about cigarettes, please remember to count a cigar or pipeful of tobacco the same as a cigarette.

1. At any time since our last interview on (DATE OF 6 MONTH INTERVIEW), did you smoke at all, even a puff of a cigarette?

YES 1

NO 2 → SKIP TO Q.2
- 1a. About how many of the weeks or months since our interview on (DATE OF 6-MONTH INTERVIEW) did you smoke at all even a puff of a cigarette? (NOTE: TELL HER HOW MANY WEEKS/MONTHS IT HAS BEEN SINCE THE 6-MONTH INTERVIEW)

WEEKS MONTHS < 1 WEEK -1 ENTIRE TIME -9
0-52 weeks **0-12months**
- 1b. On average, about how many days per week did you usually smoke cigarettes since (DATE OF 6 MONTH INTERVIEW)?

DAYS/WK < 1 DAY/WEEK -1
- 1c. When you smoked since (DATE OF 6 MONTH INTERVIEW), about how many cigarettes did you usually smoke each day?

CIGARETTES/DAY A FEW PUFFS -1
- 1d. When you smoked since (DATE OF 6 MONTH INTERVIEW), about how many cigarettes did you usually smoke each day around your new baby ?

CIGARETTES/DAY A FEW PUFFS -1
- 1e. At any time since (DATE OF 6-MONTH INTERVIEW), did you try to quit smoking?

YES 1

NO 2 → SKIP TO Q. 2
- 1f. How many times since (DATE OF 6-MONTH INTERVIEW) did you try to quit smoking?

TIMES
- 1g. At any time since (DATE OF 6 MONTH INTERVIEW), were you able to stop smoking for 24 hours or longer?

YES 1

NO 2
- 1h. Thinking about all the times you quit since (DATE OF 6-MONTH INTERVIEW), about how many total days, weeks or months were you able to stay smoke free?

OF DAYS **0-365** # OF WKS (0-52) # OF MONTHS **0-12**
 NO TIME -8
 ENTIRE TIME -9

2. When you smoked cigarettes at home, how often do you go outside to smoke instead of smoking inside your home? Would you say . . .

Never, 1
 Rarely, 2
 Sometimes, 3
 Often, or 4
 Almost always? 5

- 2b. When you were in an indoor location with non-smokers, including children, how often do you smoke around them? Would you say . . .

Never, 1
 Rarely, 2
 Sometimes, 3
 Often, or 4
 Almost always? 5

3. On how many of the past 7 days have you smoked at least one puff of a cigarette?

|__| DAYS IF "0" → SKIP TO Q. 8

4. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected? (WRITE THE DAY AND MARK ONE)

_____ ¹☐ WEEK DAY ²☐ WEEKEND DAY

5. On (TYPICAL DAY) of this past week, about how many cigarettes did you smoke? |__| |__| CIGARETTES

	6a. About how many of those (# in Q.5) cigarettes did you smoke when you were ... (ASK 6a AND 6b ACROSS FOR ITEMS (1) – (4). INTERVIEWERS: THE SUM OF THE NUMBERS BELOW SHOULD ADD TO THE # IN Q5.	6b. Of the cigarettes you smoked (REPEAT LOCATION) that day, how many did you smoke <u>around your baby or when your baby was with you</u> ? INTERVIEWERS: THE NUMBERS BELOW SHOULD BE A SUBSET OF THOSE IN THE PRIOR COLUMN
(1) in a car?	|__| |__| CIGARETTES IF = 00, SKIP TO Q6a(2)	|__| |__| CIGARETTES
(2) at home, <u>indoors</u>?	|__| |__| CIGARETTES IF = 00, SKIP TO Q6a(3)	|__| |__| CIGARETTES
(3) at home, <u>outdoors</u>?	|__| |__| CIGARETTES IF = 00, SKIP TO Q6a(4)	|__| |__| CIGARETTES
(4) somewhere else, other than at your	|__| |__| CIGARETTES	|__| |__| CIGARETTES

home or in a car?	IF = 00, SKIP TO Q7	
-------------------	---------------------	--

7. During the past 24 hours, how many cigarettes did you smoke?

|_|_| CIGARETTES NONE 00 → **SKIP TO Q.8**

7a. Of the (# IN Q7) cigarettes you smoked during the past 24 hours, how many cigarettes did you smoke around your baby, that is, when your baby was with you in the same room, house or in a car while you smoked any part of a cigarette?

|_|_| CIGARETTES

8. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|_|_| HOURS |_|_| DAYS |_|_| WEEKS
|_|_| MONTHS |_|_| YEARS

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES.....1 → SKIP TO Q. 10(IGNORE BOX ABOVE Q.10)

NO2 → GO TO Q. 9

9. How confident are you that you can remain a non-smoker, and quit smoking for good?
Would you say . . .

Not at all confident,..... 1
Not very confident, 2
Somewhat confident, 3
Very confident, or 4
Extremely confident? 5

INTERVIEWER: HAS R SMOKED IN THE LAST 30 MONTHS (BASICALLY ANYTIME IN THE 6 MONTHS BEFORE OR DURING PREGNANCY, OR SINCE DELIVERY)? (SEE Q.8)?

YES.....1 → SKIP TO Q. 12

NO.....2 → SKIP TO SECTION F

10. Are you seriously thinking about quitting smoking? Would you say...

Yes, within the next 30 days,..... 1
Yes, within the next 6 months, or..... 2
No, you are not thinking of quitting? 3

11. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good and remain a non-smoker? Would you say . . .
- Not at all confident, 1
- Not very confident, 2
- Somewhat confident, 3
- Very confident, or 4
- Extremely confident? 5
12. Regardless of whether you have quit smoking or not, these questions may still apply to you. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say . . .
- None at all, 1
- A little, 2
- Some, or 3
- A lot? 4
13. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how much support or encouragement have you received from your partner, household members, family, and friends to help you to not smoke around your new baby? Would you say . . .
- None at all, 1
- A little, 2
- Some, or 3
- A lot? 4
14. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .
- Not at all strong, 1
- Not very strong, 2
- Somewhat strong 3
- Very strong, or 4
- Extremely strong? 5

15. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?

YES NO

- a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)? 1 2
- b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)? 1 2
- c. Called or talked to a friend or family member who supports your not smoking? 1 2.
- d. Stayed away from other people who were smoking? 1 2
- e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)? 1 2
- f. Done something nice or to reward yourself (e.g., buy a dress) for not smoking? 1 2
- g. Have you asked your partner, friends or family members to help you stay smoke-free?..... 1 2
- h. Used any type of nicotine replacement product, for example, chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray? 1 2

16. Since our last interview on (DATE OF 6 MONTH INTERVIEW), have any of the following people ever encouraged you not to smoke and to stay smoke free around your new baby?

YES NO

- a. Your baby's doctor or any other pediatric clinic staff (a nurse or doctor)? 1 2
- b. Your current partner or the father of your baby? 1 2
- c. Someone else you live with? 1 2
- d. A family member who does not live with you? 1 2
- e. A friend who does not live with you? 1 2
- f. Anyone else? 1 2

16g. SPECIFY: _____

SECTION F: ETS EXPOSURE, BELIEFS, & PRACTICES SAME AS Section F, except blue.

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you and your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW). When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

- 1a. On average since our last interview on (DATE OF 6-MONTH INTERVIEW), about how many days per week did someone else (not including yourself) smoke cigarettes inside your home

DAYS/WK < 1 DAY/WEEK-1 NO DAYS0 → SKIP TO Q.1d

- 1b. When other people smoked inside your home, since our last interview about how many cigarettes were smoked each day ?

CIGARETTES/DAY A FEW PUFFS-1

- 1c. When other people smoked inside your home since our last interview, about how many cigarettes were usually smoked around you each day?

CIGARETTES/DAY A FEW PUFFS-1

- 1d. On average, since our last interview on (DATE OF 6 MONTH INTERVIEW), about how many days per week did someone else smoke around you while you were away from your home (e.g., in someone else's home in an enclosed room or a car)?

DAYS/WK < 1 DAY/WEEK-1 NO DAYS0 → SKIP TO Q.2a

- 1e. When other people smoked around you away from your home since our last interview on (DATE OF 6 MONTH INTERVIEW), about how many cigarettes did they usually smoke around you each day?

CIGARETTES/DAY A FEW PUFFS-1

- 2a. On average, since our last interview on (DATE OF 6 MONTH INTERVIEW), about how many days per week did someone else smoke cigarettes around your new baby inside your home?

DAYS/WK < 1 DAY/WEEK-1 NO DAYS0 → SKIP TO Q.2c

- 2b. When other people smoked around your new baby inside your home, since our last interview on (DATE OF 6 MONTH INTERVIEW), about how many cigarettes were usually smoked around your new baby each day?

CIGARETTES/DAY A FEW PUFFS-1

- 2c. On average, since our last interview on (DATE OF 6 MONTH INTERVIEW), about how many days per week did someone else smoke around your new baby while away from your home (e.g., in someone else's home, in an enclosed room or a car)?

DAYS/WK < 1 DAY/WEEK-1 NO DAYS0 → SKIP TO Q.3

- 2d. When other people smoked around your new baby away from your home since our last interview, about how many cigarettes were usually smoked around your baby each day?

CIGARETTES/DAY A FEW PUFFS-1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you and your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW), and during the past 7 days. If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q.D11 IF PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER AND BABY'S FATHER)	(D) Your other friends and family members who do not live with you
3. (Does/Do any of) _____ smoke cigarettes?	YES.....1 → SKIP TO Q.4 NO .....2 → SKIP TO COL B	PARTNER IS BABY'S FATHER -7 → SKIP TO COL. C YES... 1 → SKIP TO Q.4 NO ...2 → SKIP TO COL C	N/A -7 → SKIP TO COL. D N/A IF NO OTHER HH MEMBERS YES .....1 NO 2 → SKIP TO COL D	YES..... 1 → SKIP TO Q.3b NO 2 → SKIP TO Q. 7
3a. How many cigarette smokers, <u>not including yourself, your partner, or the baby's father</u> , live in your home?			____|____| SMOKERS (EXCLUDE PARTNER OR BABY'S FATHER IF LIVE IN HH) (SKIP TO Q.4)	
3b. How many of your family members and friends, who do not live with you, are cigarette smokers? Would you say . . .				Less than half .....1 About half of them .....2 More than half of them, ..3 All of them?.....4
4. (Has/have any of) _____ smoked at all, even a puff of a cigarette, <u>inside your home since our last interview?</u>	YES.....1 NO .....2 → SKIP TO. Q.5	YES..... 1 NO .....2 → SKIP TO Q.5	YES 1 NO 2 → SKIP TO Q.5	YES.....1 NO .....2 → SKIP TO Q.5
4a. On how many of the past 7 days did ____ smoke cigarettes <u>inside your home?</u>	____|____| DAYS	____|____| DAYS	____|____| DAYS	____|____| DAYS
5. (Has/have any of) _____ smoked at all, even a puff of a cigarette, <u>around you since our last interview?</u>	YES.....1 NO .....2 → SKIP TO Q.5e	YES..... 1 NO .....2 → SKIP TO Q.5e	YES 1 NO 2 → SKIP TO Q.5e	YES.....1 NO .....2 → SKIP TO Q.5e
5a. On how many of the past 7 days did _____ smoke cigarettes <u>around you inside your home?</u>	____|____| DAYS IF 0 → SKIP TO Q. 5c	____|____| DAYS IF 0 → SKIP TO Q. 5c	____|____| DAYS IF 0 → SKIP TO Q. 5c	____|____| DAYS IF 0 → SKIP TO Q. 5c
5b. In the past 7 days, about how many cigarettes per day did _____ smoke <u>around you inside your home?</u>	____|____| CIGS/DAY	____|____| CIGS/DAY	____|____| CIGS/DAY	____|____| CIGS/DAY
5c. On how many of the past 7 days did ____ smoke a cigarette <u>around you away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____|____| DAYS IF 0 → SKIP TO Q. 5e	____|____| DAYS IF 0 → SKIP TO Q. 5e	____|____| DAYS IF 0 → SKIP TO Q. 5e	____|____| DAYS IF 0 → SKIP TO Q. 5e
5d. In the past 7 days, about how many cigarettes per day did _____ smoke <u>around you away from home?</u>	____|____| CIGS/DAY	____|____| CIGS/DAY	____|____| CIGS/DAY	____|____| CIGS/DAY
5e. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has/have any of _____ increased smoking around you, continued smoking the same amount, reduced or stopped smoking <u>around you?</u>	Increased .....1 Same amount.....2 Reduced .....3 Stopped .....4 (CONTINUE TO Q.6)	Increased..... 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (CONTINUE TO Q.6)

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q. Q.D11, F PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER OR BABY'S FATHER)	(D) Your other friends and family members who do not live with you
6. (Has/have any of) _____ smoked at all, even a puff of a cigarette, <u>around your new baby since our last interview on (DATE OF 6 MONTH INTERVIEW)?</u>	YES.....1 NO .....2→ SKIP TO Q6e	YES 1 NO 2 → SKIP TO Q6e	YES 1 NO 2 → SKIP TO Q6e	YES..... 1 NO .....2 → SKIP TO Q.6e
6a. On how many of the past 7 days did _____ smoke cigarettes <u>around your new baby inside your home</u>?	____| DAYS IF 0 → SKIP TO Q. 6c	____| DAYS IF 0 → SKIP TO Q. 6c	____| DAYS IF 0 → SKIP TO Q. 6c	____| DAYS IF 0 → SKIP TO Q. 6c
6b. In the past 7 days, about how many cigarettes per day did _____ smoke <u>around your new baby inside your home</u>	____|____| CIGARETTES/DAY	____|____| CIGARETTES/DAY	____|____|CIGARETTES/DAY	____|____|CIGARETTES/DAY
6c. On how many of the past 7 days did ____ smoke a cigarette <u>around your new baby away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____| DAYS IF 0 → SKIP TO Q. 6e	____| DAYS IF 0 → SKIP TO Q. 6e	____| DAYS IF 0 → SKIP TO Q.6e	____| DAYS IF 0 → SKIP TO Q.6e
6d. In the past 7 days, about how many cigarettes per day did ____ smoke <u>around your new baby away from your home</u>?	____|____| CIGARETTES/DAY	____|____| CIGARETTES/DAY	____|____|CIGARETTES/DAY	____|____|CIGARETTES/DAY
6e. Since our last interview on (DATE OF 6 MONTH INTERVIEW), has/have _____ increased smoking around your new baby, continued smoking the same amount around (him/her), reduced, or stopped smoking around your new baby?	Increased .....1 Same amount.....2 Reduced .....3 Stopped .....4 (GO TO COL.B-Q3)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (GO TO COL. C-Q3)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (GO TO COL. D-Q3)	Increased 1 Same amount 2 Reduced 3 Stopped 4 (GO TO Q.7)

7. Does anyone other than yourself, care for (NAME OF BABY) on a regular basis?
- YES 1
- NO 2
- 7a. How about when you need some extra help with care giving (e.g., so you can have a break, go shopping, or get out for an evening), does anyone help you take care of your baby then?
- YES 1
- NO 2

INTERVIEWER:
IF BOTH Q7 AND Q7a = NO, SKIP TO Q.12

8. Who (else) takes care of (him/her) on a regular basis or when you need some extra help with care giving? (CIRCLE ALL THAT APPLY)
- Baby's father/mother's partner 1
- Baby's sibling under age 18..... 2
- Another child under age 18..... 3
- Baby's grand-parent..... 4
- Other adult relative 5
- Friend or neighbor 6
- Child care worker at day care center/nursery 7
- Other..... 8 ↓
- 8a. SPECIFY: _____
- 8b. SPECIFY: _____
9. Where does this person (do these persons) usually care for (NAME OF BABY)? Is it . . . (CIRCLE ALL THAT APPLY)
- In your baby's home, 1
- In their or someone else's home, 2
- In a childcare center/nursery, or 3
- Someplace else? 4 ↓
- 9a. SPECIFY: _____
10. During a typical week, since our last interview on (DATE OF 6 MONTH INTERVIEW) how many days per week and hours per day did (NAME OF BABY) usually spend with any other caregivers, other than yourself?
- ____|____| DAY PER WEEK AND ____|____| HOURS PER DAY
11. Do any of these other people who take care if your baby, either on a regular basis or when you need extra help, smoke cigarettes in the house or building where they take care of your baby?
- YES 1
- NO 2 → SKIP TO Q. 12.

- 11a. Which of these caregiver(s) smoke (CIRCLE ALL THAT APPLY THAT WERE MENTIONED IN Q. 8)

Baby's father/mother's partner 1
Baby's sibling under age 18 2
Another child under age 18 3
Baby's grand-parent 4
Other adult relative 5
Friend or neighbor 6
Child care worker at day care center/nursery 7
Other 8 ↓

11b. SPECIFY: _____

11c. SPECIFY: _____

- 11d. Since our last interview, have you ever talked to any of those caregivers about not smoking around (NAME OF BABY)?

YES 1

NO 2

12. How much do you think that people smoking cigarettes around your new baby, including yourself, could harm your new baby's health? Would you say . . .

Not at all, 1

Not very much, 2

Somewhat, or 3

A lot? 4

DON'T KNOW -8

13. If you were to stop people from smoking around your new baby, including yourself, how much do you think that this would actually improve your baby's health? Would you say . . .

Not at all, 1

Not very much, 2

Somewhat, or 3

A lot? 4

14. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in you home? Would you say...

You are most likely to decide/make up the rules, 1

Decisions and rules about smoking in the house are jointly shared, or 2

Someone else is most likely to decide/make up the rules? 3

15. Which of the following statements best describes where cigarette smoking is allowed to happen inside your home? Would you say...
- Smoking is not allowed anywhere inside your home,1
- Smoking is allowed only in certain areas or rooms inside your home, or2
- Smoking is allowed anywhere inside your home.....3
16. Which statement best describes who is allowed to smoke inside your home? Would you say...
- No one is allowed to smoke inside your home,1
- Only special guests are allowed to smoke inside your home, or2
- Everyone is allowed to smoke inside your home.....3
17. How do you handle cigarette smoking when you are away from your home?
- I always ask people who are smoking not to smoke around me and my baby1
- It depends; sometimes I ask people who are smoking not smoke around me and my baby and sometimes I don't, or2
- I never ask people who are smoking not to smoke around me and my baby, 3
18. Since our last interview on (DATE **OF 6 MONTH** INTERVIEW), have you done any of the following to reduce the number of cigarettes other people smoke around you and your new baby?
- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Posted a no smoking sign or magnet in your home? | 1 | 2 |
| b. Created no smoking in the house rules at your home? | 1 | 2 |
| c. Talked to other people about the harmful effects that cigarette smoking <u>around you</u> can have on your health? | 1 | 2 |
| d. Talked to other people about the harmful effects that cigarette smoking <u>around your new baby</u> can have on your infants health? | 1 | 2 |
| e. Asked other people not to smoke <u>around you</u> ? | 1 | 2 |
| f. Asked other people not to smoke <u>around your new baby</u> ? | 1 | 2 |
| g. Stayed away from other people who were smoking cigarettes? | 1 | 2 |
| h. Kept your new baby away from other people who were smoking cigarettes? | 1 | 2 |
| i. Done something nice for the people who stopped smoking around you? | 1 | 2 |
| j. Done something nice for the people who stopped smoking around your baby? | 1 | 2 |

19. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you asked other people who wanted to smoke a cigarette to smoke outside instead of inside your home? Would you say . . .
- Never, 1
- Some of the time, 2
- Most of the time, or, 3
- Always? 4
- N/A: NO ONE HAS WANTED TO SMOKE IN HER HOME -7
20. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you asked other people who wanted to smoke not to smoke around you and your baby when you were at someone else's home? Would you say . . .
- Never, 1
- Some of the time, 2
- Most of the time, or 3
- Always? 4
- N/A: NO ONE HAS WANTED TO SMOKE AROUND THEM AT ANOTHER HOME -7
21. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you gone outside or left the room or area when someone else started to smoke a cigarette around you? Would you say . . .
- Never, 1
- Some of the time, 2
- Most of the time, or 3
- Always? 4
- N/A: NO ONE HAS STARTED TO SMOKE AROUND HER -7
22. Since our last interview on (DATE OF 6 MONTH INTERVIEW), how often have you taken your baby outside or left the room or area when someone else started to smoke a cigarette around your baby? Would you say . . .
- Never, 1
- Some of the time, 2
- Most of the time, or 3
- Always? 4
- N/A: NO ONE HAS STARTED TO SMOKE AROUND HER BABY -7

23. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .
- Not at all confident, 1
- Not very confident, 2
- Somewhat confident, 3
- Very confident, or 4
- Extremely confident? 5
24. If you asked your partner, family members, or friends who smoke cigarettes not to smoke around you, how much support or understanding do you think you would get? Would you say. . .
- None, 1
- Not much, 2
- Some, or 3
- A lot? 4
- N/A: DOESN'T KNOW ANY SMOKERS -7
25. If you wanted to keep other people from smoking around your new baby, how confident are you that you could stop them? Would you say . . .
- Not at all confident, 1
- Not very confident, 2
- Somewhat confident, 3
- Very confident, or 4
- Extremely confident? 5
26. If you asked your partner, family members or friends who smoke cigarettes not to smoke around your new baby, how much support or understanding do you think you would get? Would you say. . .
- None, 1
- Not much, 2
- Some, or 3
- A lot? 4
- N/A: DOESN'T KNOW ANY SMOKERS -7

SECTION G. PARENTING SUPERVISORY/SAFETY KNOWLEDGE AND PRACTICES

The next questions are about being a parent to your new baby, and about parenting, child safety and infant development. (Section is SAME as Section G in 3mo and 6mo)

1. How do you put your new baby down to sleep most of the time? Is it . . .
 - On his or her side, 1
 - On his or her back, or 2
 - On his or her stomach?..... 3
2. How often does your new baby sleep in the same bed with you or anyone else? Would you say . . .
 - Always 1
 - Often 2
 - Sometimes..... 3
 - Rarely 4
 - Never 5
3. Do you have an infant car seat(s) for your baby?
 - Yes 1
 - No 2
4. When your baby rides in a car, truck, or van, how often does he or she ride in an infant car seat? Would you say . . .
 - Always 1
 - Often 2
 - Sometimes..... 3
 - Rarely..... 4
 - Never..... 5 → SKIP TO Q.7
5. When your new baby rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?
 - Front seat 1
 - Back seat 2

6. When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?
- Facing forward..... 1
- Facing the rear 2
7. Do you have a smoke detector or fire alarm in your home?
- YES..... 1
- NO..... 2 → SKIP TO Q.8
- DON'T KNOW.....-8 → SKIP TO Q.8
- 7a. How often do you check the batteries in your fire alarm? Would you say . . .
- Every month,..... 1
- Every other month, 2
- Every six months, or 3
- Once a year?..... 4
- NOT SURE/DON'T KNOW -8
8. During a typical week, how often do you allow your baby to use a baby walker? Would you say...
- Never 1
- Rarely (<1 day) 2
- Some or a little of the time (1-2 days) 3
- Occasionally or a moderate amount of time (3-4 days)..... 4
- Most or all of the time (5-7 days) 5
- NOT APPLICABLE (DO NOT OWN A WALKER)..... -7
- NOT APPLICABLE (BABY NOT WALKING YET) -9
9. Do you have safety gates on your stairs?
- YES..... 1
- NO..... 2 → SKIP TO Q.10
- NOT APPLICABLE (NO STAIRS IN HOME)-7 → SKIP TO Q.10
- 9a. Do you have safety gates at the top of the stairs, the bottom or both?
- Top of the stairs 1
- Bottom of the stairs 2
- Both at the top and the bottom of the stairs 3

9b. How often do you check to see that the safety gates on the stairs are locked? Would you say...

- Rarely or none of the time (<1 day a week)1
 Some or a little of the time (1-2 days a week).....2
 Occasionally or a moderate amount of time (3-4 days a week).....3
 Most or all of the time (5-6 days a week).....4
 One or more times a day5

10. Think about the time you have spent with your new baby at home during past month as you answer these next questions. Please tell me how much you agree or disagree with each of the following statements using **CARD C**. There are no right or wrong answers! We just want to know what is true for you!

<u>When I am at home with my baby:</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree or Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I keep a close watch on my baby. ....1	2	3	4	5	
b. I feel a strong sense of responsibility.....1	2	3	4	5	
c. I know exactly what my baby is doing. ....1	2	3	4	5	
d. I try things with my baby before leaving him/her to do them on his/her own. ....1	2	3	4	5	
e. I hover next to my baby. ....1	2	3	4	5	
f. I keep an eye on my baby’s face to see how he/she is doing.....1	2	3	4	5	
<u>When I am at home with my baby:</u>					
g. I say to myself that I can trust him/her to play safely.....1	2	3	4	5	
h. I feel very protective of my baby. ....1	2	3	4	5	
i. I stay close enough to my baby so that I can get to him/her quickly. ....1	2	3	4	5	
j. I warn him/her about things that could be dangerous. ....1	2	3	4	5	
k. I stay within reach of my baby when s/he is playing. ....1	2	3	4	5	
l. I think of all the dangerous things that could happen. ....1	2	3	4	5	
<u>When I am at home with my baby:</u>					
m. I make sure I know where my baby is and what s/he is doing at all times.....1	2	3	4	5	

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree or Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
n. I keep my baby from playing/or being around other children who are playing rough games or doing things where he/she might get hurt. ....1	1	2	3	4	5
o. I have my baby within arm's reach at all times. ....1	1	2	3	4	5
p. I feel fearful that something could happen to my baby. ....1	1	2	3	4	5
q. I can trust my baby to play by him/herself without constant supervision. ....1	1	2	3	4	5
r. I keep him/her away from anything that could be dangerous. ....1	1	2	3	4	5

11. Next, I would like to ask you about some of the specific things you may or may not do while you are at home with your baby, using **CARD D**. As you answer these questions, please keep your new baby in mind. If something is not an issue yet for your new baby, just tell me that.

(SAME AS Q11 in 3mo, not 6mo)

How often do you (**ASK QUESTION**), or is this not an issue for your baby right now?

How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	NA: NOT AN ISSUE FOR THIS <u>CHILD</u>
a. Check to see that safety plugs are on most, if not all, visible electric outlets?	1	2	3	4	5	-7
b. Carry hot food (e.g., moving a pot or a hot cup of coffee from the stove to the sink) while your baby is nearby?	1	2	3	4	5	-7
c. Leave your baby alone sitting on the countertop, or any other area, either in an infant carrier or her/his own?	1	2	3	4	5	-7
d. Check the hot water temperature to make sure it is reduced to 125 degrees F or less?	1	2	3	4	5	-7
e. Leave blankets, pillows, stuffed toys or something soft for your baby to sleep with in the crib or playpen?	1	2	3	4	5	-7
f. Empty all water buckets immediately after use?	1	2	3	4	5	-7
g. Feed your baby hard food like baby apples, hot dogs, grapes, peanuts or popcorn?	1	2	3	4	5	-7

	How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	NA: NOT AN ISSUE FOR THIS <u>CHILD</u>
h.	Keep sharp objects (safety pins, knives, and scissors) out of reach of your baby?	1	2	3	4	5	-7
i.	Give your baby small toys that have small pieces and parts (e.g., legos, marbles) or small objects (like nuts, candies) to play with or hold on to (nuts, candies)?	1	2	3	4	5	-7
j.	Store cleaners in locked cabinets or in places that your baby cannot reach?	1	2	3	4	5	-7
k.	Carry or hold your baby in your lap while drinking hot beverages (e.g., drinking a cup of coffee) or carrying hot liquids (e.g., a cup of coffee)?	1	2	3	4	5	-7
l.	Bring plants and flowers into the house that might be poisonous if eaten?	1	2	3	4	5	-7
m.	Keep toilet lids closed or the bathroom doors closed?	1	2	3	4	5	-7
n.	Check to see that the safety gates on the stairs are latched?	1	2	3	4	5	-7
o.	Keep your recycling bin or garbage can out of reach of your baby (e.g., so that empty pop cans, lids of cans, glass bottles are out of reach)?	1	2	3	4	5	-7
p.	Leave cigarettes, lighters and matches out on the counter, a table top or chair within reach of your baby?	1	2	3	4	5	-7
q.	Leave your baby alone at all in a room where there are decorative objects, vases or table lamps that could break?	1	2	3	4	5	-7
r.	Carry or hold your baby while cooking food on the stove?	1	2	3	4	5	-7
s.	Leave your baby alone for just a minute on a tabletop or changing table (e.g., while you run to the next room to get a diaper or t-shirt)?	1	2	3	4	5	-7

	How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	NA: NOT AN ISSUE FOR THIS <u>CHILD</u>
t.	Let your baby walk or crawl around while eating something (e.g., a cookie) or carrying his/her bottle or drink?	1	2	3	4	5	-7
u.	Move things around or not have anything around that your baby could climb on and possibly fall off of (e.g., coffee table) or that could fall on top of your baby (e.g., unsecured bookcase, poorly balanced TV)?	1	2	3	4	5	-7
v.	Put plastic bags away in a drawer or closet after using them to keep them out of your baby's reach?	1	2	3	4	5	-7
w.	Leave medications or any other drugs out on the counter or table top after using them, instead of putting them away out of your baby's reach?	1	2	3	4	5	-7
x.	Put your baby down in the crib or playpen when you cannot hold your baby, and need to do something else?	1	2	3	4	5	-7
y.	Leave your baby alone when he/she is in the bathtub (e.g., while you run to get a towel from a closet)?	1	2	3	4	5	-7
z.	Store liquid bleach in locked cabinets or in a place out of your baby's reach?	1	2	3	4	5	-7
aa.	Test the water temperature with a thermometer or with your hand before putting your baby in the water for a bath?	1	2	3	4	5	-7
bb.	Leave your baby alone at all when near a pool, fountain, or lake?	1	2	3	4	5	-7
cc.	Tie up the cords to the window blinds or shades or keep them out of your baby's reach?	1	2	3	4	5	-7
dd.	Turn the handles of pots to the back of the stove when you are (or someone else is) cooking around your baby?	1	2	3	4	5	-7
ee.	Use a safety strap when your baby is sitting in a high chair, stroller, infant carrier or baby swing?	1	2	3	4	5	-7

12. Overall, how confident do you feel in your ability to protect your new baby (child) from injury or harm? Would you say . . .

Not at all confident,1
Not very confident,2
Somewhat confident,.....3
Very confident, or4
Extremely confident?5

SECTION H: YOU AND YOUR FEELINGS SAME AS H except blue)

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use **CARD E** to answer each statement that reflects how much control you feel you have in your daily life.
- | | Strongly
<u>Agree</u> | <u>Agree</u> | <u>Disagree</u> | Strongly
<u>Disagree</u> |
|---|--------------------------|--------------|-----------------|-----------------------------|
| a. I have little or no control over the things that happen to me. Do you | 1 | 2 | 3 | 4 |
| b. There is really no way I can solve some of the problems I have. Do you..... | 1 | 2 | 3 | 4 |
| c. There is little I can do to change many of the important things in my life. | 1 | 2 | 3 | 4 |
| d. I often feel helpless in dealing with the problems of life..... | 1 | 2 | 3 | 4 |
| e. Sometimes I feel that I am being pushed around in life..... | 1 | 2 | 3 | 4 |
| f. What happens to me in the future mostly depends on me..... | 1 | 2 | 3 | 4 |
| g. I can do just about anything I set my mind to do..... | 1 | 2 | 3 | 4 |
2. Since our last interview on (DATE OF 6-MONTH INTERVIEW), have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?
- YES 1
- NO 2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use **CARD F** for these items. During the past week, how often . . .

Rarely or None of the time (<u><1 day</u>)	Some or a little of the time (<u>1-2 days</u>)	Occasionally or a moderate amount of time (<u>3-4 days</u>)	Most or all of the time (<u>5-7 days</u>)
--	---	--	---

- a. Were you bothered by things that usually don't bother you? Would you say 1 2 3 4
- b. How often did you have trouble keeping your mind on what you were doing? Would you say 1 2 3 4
- c. How often did you feel depressed? 1 2 3 4
- d. How often did you feel that everything you did was an effort? 1 2 3 4
- e. During the past week how often did you feel hopeful about the future? Would you say 1 2 3 4
- f. How often did you feel fearful? 1 2 3 4
- g. How often did your sleep become restless? 1 2 3 4
- h. During the past week how often were you happy? 1 2 3 4
- i. How often did you feel lonely? 1 2 3 4
- j. How often did you feel you could not "get going"? 1 2 3 4

4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?

YES 1

NO 2

SECTION I: SUBSTANCE USE SAME AS I.

These questions are about alcohol and drugs. Use **CARD G**.

1. During the past month, how often did you drink ____? Would you say. . .

	Every day or <u>almost every day</u>	3-4 <u>times/wk</u>	1-2 <u>times/wk</u>	Once or <u>twice only?</u>	<u>Not at all</u>
(1) Beer?	5	4	3	2	1
(2) Wine?	5	4	3	2	1
(3) Wine coolers?.....	5	4	3	2	1
(4) Hard liquor, such as vodka, gin, scotch, bourbon, tequila, brandy, or liqueur?	5	4	3	2	1

2. During the past month, how often did you use ____? Would you say. . . (USE **CARD G**)

	Every day or <u>almost every day</u>	3-4 <u>times/wk</u>	1-2 <u>times/wk</u>	Once or <u>twice only?</u>	<u>Not at all</u>
a. Marijuana or hashish?	5	4	3	2	1
b. Crack or cocaine?.....	5	4	3	2	1
c,. Heroin?.....	5	4	3	2	1
d. Amphetamines (uppers)?	5	4	3	2	1
e. Sedatives, or tranquilizers (downers, nerve pills, pain killers)?.....	5	4	3	2	1
e. Heroin?.....	5	4	3	2	1
f. Methodone?.....	5	4	3	2	1
e. Any other type of illegal or nonprescribed drugs?..	5	4	3	2	1

INTERVIEWER: IF Q.2a-e ARE <u>ALL</u> "NO," SKIP TO SECTION J
--

3. During the past month, did you ever use a needle to take any of these drugs?

YES..... 1 → 3a. SPECIFY: _____

NO..... 2

NOT SURE, CAN'T REMEMBER..... -8

SECTION J: PARTNER & OTHER INTERPERSONAL RELATIONSHIPS (ALL NEW QUESTIONS IN THIS SECTION J.)

The following questions are about things that may have happened to you since you became involved in this project.

1. Within the last year, have you been emotionally abused by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father (for example, they put you down or called you names like ugly or stupid, etc.)?
YES..... 1
NO..... 2 → GO TO Q. 1b
 - 1a. How many times did your partner or the baby's father do this to you in the past year? |__|__| 0-99
 - 1b. Did this ever happen to you while you were pregnant?
YES..... 1
NO..... 2
2. Within the last year, have you ever been hit, slapped, kicked, pushed, shoved, forced to have sex, or otherwise physically hurt by your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?
YES..... 1
NO..... 2 → GO TO Q. 2b
 - 2a. How many times did your partner or the baby's father do this to you in the past year? |__|__| 0-99
 - 2b. Did this ever happen to you while you were pregnant,?
YES..... 1
NO..... 2
3. Within the last year, did you hit, slap, kick, push, shove, force to have sex, or otherwise physically hurt your boyfriend, ex-boyfriend, your husband, or ex-husband, or the baby's father?
YES..... 1
NO..... 2 → GO TO Q. 3b
 - 3a. How many times did you do this to your partner, husband or the baby's father in the past year?
|__|__| 0-99
 - 3b. Did you ever do this while you were pregnant,?
YES..... 1
NO..... 2
4. Are you afraid of your current partner or the baby's father?
YES..... 1

INTERVIEWER: DOES R HAVE A CURRENT PARTNER? (REFER TO Q.D5)

YES.....1 → GO TO Q.8

NO2 → SKIP TO O. 10b

8. These next questions focus on your intimate partner relationships. Using **CARD E** again, and thinking about your current partner please tell me if you Strongly Agree, Agree, Disagree, or Strongly Disagree with the following statements.¹

	Strongly <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>
a. My partner does what he wants, even if I do not want him to.	.....1.....	2.....	3.....	4.....
b. I feel trapped or stuck in our relationship.	.....1.....	2.....	3.....	4.....
c. I am more committed to our relationship than my partner is.	.....1.....	2.....	3.....	4.....
d. My partner tells me who I can spend time with.	.....1.....	2.....	3.....	4.....
e. My partner always wants to know where I am.	.....1.....	2.....	3.....	4.....
f. My partner won't let me wear certain things.	.....1.....	2.....	3.....	4.....
g. Most of the time, we do what my partner wants to do.	.....1.....	2.....	3.....	4.....
h. When my partner and I are together, I'm pretty quiet.	.....1.....	2.....	3.....	4.....
i. My partner has more say than I do about important decisions that affect us.	.....1.....	2.....	3.....	4.....
j. When my partner and I disagree, he gets his way most of the time.	.....1.....	2.....	3.....	4.....
k. In general, my partner gets more out of our relationship than I do.	.....1.....	2.....	3.....	4.....
l. If I asked my partner to use a condom, he would think I am having sex with other people.	.....1.....	2.....	3.....	4.....
m. If I asked my partner to use a condom, he would get angry.	.....1.....	2.....	3.....	4.....
n. If I asked my partner to use a condom, he would get violent.	.....1.....	2.....	3.....	4.....
o. I think my partner might be having sex with someone else.	.....1.....	2.....	3.....	4.....

¹ From Julie Pulerwitz's Relationship Power Scale – English Version.

9. The next questions are about the decisions you make with your partner. Please tell me who usually has MORE SAY when it comes to making each of the following decisions – You, Your Partner, or Both of You Equally. Who usually has MORE SAY about...²

	<u>You</u>	<u>Your Partner</u>	<u>Both of You Equally</u>
a. ...what you do together?	..... 1 .....	..... 2 .....	..... 3
b. ...how often you see one another?	..... 1 .....	..... 2 .....	..... 3
c. ...when you talk about serious things?	..... 1 .....	..... 2 .....	..... 3
d. ...whether you have sex?	..... 1 .....	..... 2 .....	..... 3
e. ...what types of sexual acts you do?	..... 1 .....	..... 2 .....	..... 3
f. ...whether you use condoms?	..... 1 .....	..... 2 .....	..... 3
g. ...whose friends to go out with?	..... 1 .....	..... 2 .....	..... 3
h. In general, who do you think has more power in your relationship -- you, your partner, or both of you equally?	..... 1 .....	..... 2 .....	..... 3

This next set of questions asks how much you feel you have had the support of your partner, the father of your baby, and/or the other people in your life.

IF R HAS A CURRENT PARTNER, ASK ABOUT (a) PARTNER AND (b) OTHER PEOPLE. IF R DOES NOT HAVE A CURRENT PARTNER, ASK ONLY ABOUT (b) OTHER PEOPLE

(10 IS SAME AS Q1-11 in 3mo/6mo quex)

10. Now, I will read you a list of statements describing types of support. If “1” is “very dissatisfied” and “6” is “very satisfied”, how satisfied are you with the support you currently receive from (your partner/other people). Use **CARD H**.

	<u>a. PARTNER</u>						<u>b. OTHER PEOPLE</u>					
	<u>Very Dissatisfied</u>			<u>Very Satisfied</u>			<u>Very Dissatisfied</u>			<u>Very Satisfied</u>		
(1) Shares similar experiences with me. “1” is “very dissatisfied” and “6” is “very satisfied.”	1	2	3	4	5	6	1	2	3	4	5	6
(2) Helps keep up my morale. “1” is “very dissatisfied” and “6” is “very satisfied.”	1	2	3	4	5	6	1	2	3	4	5	6
(3) Helps me out when I'm in a pinch.....	1	2	3	4	5	6	1	2	3	4	5	6
(2) Shows interest in my daily activities and problems.	1	2	3	4	5	6	1	2	3	4	5	6
(3) Goes out of his/her way to do special or thoughtful things for me.	1	2	3	4	5	6	1	2	3	4	5	6

² From Julie Pulerwitz's Relationship Power Scale – English Version.

		a. <u>PARTNER</u>						b. <u>OTHER PEOPLE</u>					
		<u>Very</u>			<u>Very</u>			<u>Very</u>			<u>Very</u>		
		<u>Dissatisfied</u>			<u>Satisfied</u>			<u>Dissatisfied</u>			<u>Satisfied</u>		
(4)	Allows me to talk about things that are very personal and private. "1" is "very dissatisfied" and "6" is "very satisfied."	1	2	3	4	5	6	1	2	3	4	5	6
(5)	Lets me know I am appreciated for the things I do for him/her.	1	2	3	4	5	6	1	2	3	4	5	6
(8)	Tolerates my ups and downs and unusual behaviors.	1	2	3	4	5	6	1	2	3	4	5	6
(9)	Takes me seriously when I have concerns.	1	2	3	4	5	6	1	2	3	4	5	6
(10)	Says things that make my situation clearer and easier to understand.	1	2	3	4	5	6	1	2	3	4	5	6
(11)	Lets me know that he/she will be around if I need assistance.	1	2	3	4	5	6	1	2	3	4	5	6

IF RESPONDENT HAS PARTNER: Now I will read these statements again, and I want you to tell me how satisfied you are with the support you receive from people other than your partner.

THANK PARTICIPANT AND REMIND HER TO VISIT THE CLINIC COUNSELOR TO RECEIVE FEEDBACK ON HER LAST HOME VISIT AND HER INCENTIVE PAYMENT. VERIFY CONTACT INFORMATION FOR HER AND SECONDARY SOURCES.

(SAME AS K in other quex)

- YES 1
- NO..... 2 → **SKIP TO Q. 8**

8. NOTES:

ACTIVITY:	DOCUMENT:
UPDATE PARTICIPANT'S CONTACT INFORMATION	✓ ACTIVITY BOOKLET ✓ DMS
UPDATE CONTACT INFORMATION FOR SECONDARY SOURCES	✓ FACE SHEET ✓ DMS
ENTER ALL DOCTOR, HOSPITAL, ER VISITS RECORDED FOR BABY.	✓ DMS
ENTER FINAL RESULT CODE	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS